THE ALABAMA
MEDICAL JOURNAL.

VOL. 16. APRIL, 1904. NO. 5

Original Communications.

INFLUENZA IN CHILDREN—ITS ABORTIVE TREATMENT.*

By J. Ross Snyder, A. B., M. D.

Of the diseases prevalent among the children in the Birmingham vicinity during the fall and winter months, probably the one most neglected was influenza. This was due to the fact that what in the adult was promptly recognized as grip, was in the child, because of its rather mild onset, frequently mistaken by parents for a common cold. Even among the members of the profession there was a careless interchange between the terms "grip" and "bad cold," which was anything but commendable.

It may be late to protest against this negligence and carelessness now that the summer months are soon to bring their usual disorders and complaints. But while the clinical features and the lessons of the recent epidemic are still fresh in mind, I wish to call attention to some of the graver possibilities of influenza and to indicate a line of treatment, which in my hands, has proven worth while.

Influenza is an acute specific, infectious disease, due to an invasion by the Pfeiffer bacillus, capable of producing a profound toxemia, and is highly contagious.

The attack in a child is usually ushered in by symptoms of a catarrhal nature. There may be a chill. The eyes soon become watery and injected. The throat is red and the tonsils swollen and inflamed. There may be a croupy cough or an almost incessant, ineffectual cough from a tickling sensation in the throat. The face is flushed and

*Read before Jefferson County Medical Society.

swollen. The tongue is coated. Frequently the child complains of earache, which is a much more common symptom than are the headache and pains in the limbs so commonly complained of by the adult Vomiting is usually present in very young children.

Up to this time the child is suffering from inflammations caused by an invasion of the mucous membranes by the microorganism itself. From here the case follows one of several courses.

If the child has been treated promptly and properly, and if his mucous membranes are capable of fair resistance, the catarrhal symptoms persist for several days, and then fade gradually away, leaving the patient completely recovered.

If, on the other hand, the child is neglected, or if he was previously in a rundown condition, the symptoms of local inflammation will grow rapidly worse, and to them will be added symptoms of a toxemia.

The Pfeiffer bacillus produces "an exceedingly active and deadly toxin, capable of not only overpowering the vital organs, but of actually destroying their structure, to some extent, through degeneration."

The first indications that these toxins are being absorbed into the system, will be a further and rapid rise in temperature with the patient becoming markedly prostrated. There may be repeated chills or rigors.

Before this, however, the local symptoms have become aggravated. Adding now to these local symptoms the further depressing influence of the toxins, and there can be small wonder if important organs are soon involved either in the progress of the disease itself or by its opening the way for other infections. A bronchitis easily goes into a pneumonia. Lobar pneumonia is a less frequent complication than is broncho-pneumonia, and still less frequent in the child than in the adult. Cerebral symptons in either, however, are sometimes present. The hyperaemia and congestion of the rhino-pharynx extending into the Eustachian tubes produce an otitis. If the fever goes very high, albumin is almost certain to be found in the urine and a true nephritis is not uncommon. Vomiting and diarrhea may become so grave as to change an otherwise favorable prognosis.

The things most common among the children during the recent epidemic were inflammation of the cervical glands and involvement of the ear.

Each epidemic seems to have a predominant type with a predilection for certain organs. Just where and how, the progress of the disease is going to show itself, however, cannot be determined before hand,

Much depends, of course, on the resistance of the different membranes of the individual child.

The diagnosis on clinical symptoms is not always easy. The initial symptoms are very much like that of measles and this is especially confusing when, as it was here, the two epidemics are running at the same time. The most frequent mistake, however, is made by confusing the catarrhal symptoms of influenza with those of a common cold. The erythema, sometimes present, may mislead to a diagnosis of scarlet fever.

Usually the progress of the disease will sooner or later clear up the diagnosis but to wait for this in any case of doubt is to deal unfairly with our patient when the microscope offers such ready and positive proof of the existence or non-existence of influenza. Even the later symptoms are sometimes confusing.

Wynekoop, of the Chicago Board of Health, reports through Williams, the examination of 2,460 cultures from throats in cases of suspected diptheria, in 677 of which the bacillus of influenza was the only pathogenic organism found. Cases are reported in which microscopic examination has changed a previous diagnosis of typhoid fever to one of influenza. Notwithstanding the advantages of an early diagnosis, I venture the assertion, which embodies a confession, that there was not a single instance of the use of the microscope for diagnostic purposes during the recent epidemic of influenza in Birmingham. The text-books call the disease self-limited! And what does self-limited mean?

Gould gives it thus: "A term applied to certain diseases, especially those of a zymotic character, which run a definite course, and cease, without much modification by treatment."

If you will point out to me anything definite in the course of influenza I will be willing to admit a great deal more than I do at present. I believe an honest confession is as good for the doctor's soul as it is for that of any, but I believe too that "self-limited" is the most pernicious and misleading term that a body of scientific men ever adopted in confession of inability to successfully cope with disease. In the first place it is not honest! It implies too much or not enough! By it the timid and over-modest practitioner is encouraged to sit idly by with folded hands and to expect as good if not better outcome for his patient by this policy of non-interference. I am as opposed as any to meddlesome, haphazard therapeutics, but I am equally opposed to admitting that we can do nothing for our patient, when he is attacked

by a disease for which we have found no specific, and at the same time try to deceive ourselves into believing that our own limitations belong to the disease.

There are several ways of fighting disease. If we are fortunate enough to hold a specific we can fight it directly. But if not we can so support and so strengthen our patient as to better arm him for the fray; or we can use such measures and so place him that the army of invaders can be re-enforced neither by their own kind nor by any of the hoodlum germs that lurk around ready to participate in any disturbance.

The ideal treatment is that in which all of these methods are combined. Whenever this is impossible, however, it devolves upon us to render even more zealous assistance by any other ways that are open.

Though there is no specific treatment for influenza, we can do so much for these little patients, in the way of reducing the dangers from the progress of the disease, that it is little short of criminal to allow the disease to get the start of us and the child while waiting the appearance of aggravated symptoms to begin active treatment.

It is my firm conviction that if a diagnosis is made early and the child is properly treated before the systemic poisons have been absorbed, a vast majority of these cases can be aborted.

It may seem a premature announcement of such a conviction in the same paper which admits that I have not had microscopic confirmation of my diagnosis. Against this I have to offer that a large number of my cases have occurred in children where the history of exposure to an adult or adults, having the disease in the same house, was so clear that there was little possibility of error; that in not one of these cases in which vigorous treatment was begun early, did I note the high fever and prostration that were noted in those cases in which either through my own negligence or because the case was not seen early, treatment was delayed.

The treatment is only original in that I have collected it from other sources and applied it to this particular class of cases.

It consists as follows:

The child is immediately put to bed in a well ventilated room and protected from draughts. Calomel is given until the bowels move freely. Fresh air is good treatment at all times but because of its simplicity it is too often ignored. It is especially indicated in influenza because of a tendency to re-infection. The calomel is given for its anti-phlogistic and antiseptic properties. Furthermore, it militates

against toxine formation in the intestinal tract by sweeping out its contents, thus depriving the micro-organism of a medium.

The rest of the treatment is that adopted by Dr. L. S. Southworth in his abortive treatment of inflammations of the cervical glands and has for its purpose the prevention of further absorption of infectious matter from the naso-pharynx. I adopted this treatment for my influenza cases after my experience and reading had convinced me that the infection gained entrance through the mucous membranes of the upper air passages. As given by Southworth the treatment is as follows:

For the fever, tablets of following:

℞

Tinct. Aconiti.

Tinct. Belladon. aa. .....m. 1-4 gr.

Camphor .....gr. 1-10.

Sig: One-half to one tablet, according to age, every two hours.

Chlorate of potash has an almost specific action in limiting the pharyngeal inflammation of childhood therefore:

℞ Potassi Chloratis.....gr. i to ii.

Sig: Every 2 hours for 24 hours, then every 3 hours, and later every 4 hours.

To cleanse and soothe the naso-pharynx:

℞ Tablets Alkaline Antiseptic (Seiler).

Sig: Dissolve one in half glass water and pour a little into each nostril every 3 hours.

In addition I have little to add. If the child is old enough, however, I have him use an antiseptic gargle. If there is earache I use:

℞

Sulphate Atropia.....gr. i.

Sulphate Morphine.....gr. iv.

Boric Acid.....gr. xv.

Aqua dest. qrs. ad .....℥i.

M. Sig: 3 to 6 drops (warm) into each ear and cover with warm towel. Allow to remain 20 minutes. (Savage).

Diet has an important place in the treatment of influenza. If there is vomiting, I withdraw milk until the stomach is controled. Even in older children I dilute milk to a considerable degree and I am not displeased if the child refuses this diluted milk. In which case nothing but water is given. In the initial stage the child does better without nourishment. If the disease goes on in spite of treatment, of course, the child must be given as nourishing diet as he can manage.

The chlorate of potash must be given cautiously because of its tendency to effect the kidneys.

For the treatment of later symptoms this paper is not intended.

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INFLUENZA.

By W. C. Maples, M. D.

SCOTTSBORO, ALA.

As influenza is so widely prevalent in this part of the State, may be a short article on this subject will be of interest to some of your readers.

The present epidemic began in this (Jackson County) about two months ago, and has spread from neighborhood to neighborhood till nearly every part of the county has been visited by the disease and the greater portion of the population has had it.

The diagnosis of the disease has been based on clinical data alone, no bacteriological investigations having been made; but all of our physicians are agreed, I think, that it is genuine influenza. It seems that influenza has become endemic in this county, as for the last twelve or thirteen years we have had more or less of it each year, at least we have had what all the doctors call influenza, the majority of the cases occurring during the winter and spring months. It is probably true that a good many cases of simple catarrh have been diagnosed as grippe, yet I am satisfied that we have had cases of influenza each year during the time mentioned. The epidemic character of the disease, its undoubted communicability, the occurrence of many cases without any catarrhal symptoms, differentiate it from simple catarrh. My opinion is that a good many cases treated as malarial fever in the first part of the spring are really influenza; cases,

which, though they resemble malarial fever, are not readily controlled by quinine, and the remissions and exacerbations of the fever do not recur with as much regularity as in malarial fevers.

If the disease we are now having is influenza, it seems that the influenza bacillus has become considerably attenuated, as the average severity of the symptoms is considerably less than it was about thirteen years ago, when we had the first epidemic of this disease. During the present epidemic a good many, probably a majority, of the persons affected have not been sick enough to remain in bed, some attending to their usual business throughout the attack. These mildest attacks have been characterized by chilliness, followed by slight fever, 100°-102°F., headache, muscular pains, and a feeling of prostration out of proportion to the other symptoms, the attack lasting only from two to four days, usually, but leaving the subject depressed.

Another class of cases and which comprehends a larger number of cases, in addition to the above symptoms have mild catarrhal symptoms, a severe and persistent cough being the most troublesome symptom due to the catarrh. The severe cases, which in this epidemic have been but a small per cent of the whole number of cases, have rather high fever, 102°-105°F., severe myalgias, which cause the most intense suffering, coryza, pharyngetis, laryngitis, bronchitis, and some of them have inflammation of the stomach and bowels. Some of these cases resemble pneumonia, but there are no physical signs of pneumonic inflammation. In this class of cases patients are usually confined to bed for two, sometimes three, weeks. Among children with severe type of the disease follicular tonsilitis has been quite frequent, and a few children have had skin eruptions which somewhat resemble the scarlatinal rash; and among children there have been a great many cases of otitis. The most severe cases are those complicated with broncho-pneumonia, but fortunately the number of cases thus complicated has been very small.

So far as I know, there have been no deaths from the disease in this county during the present epidemic; but the remote results are yet to be reckoned. One of the bad things about the grippe is that it leaves the system in a condition favorable to invasion by other kinds of pathogenic microbes, notably the tubercle bacillus. I think it probable that there will be cases of tuberculosis that would not have occurred but for this epidemic of influenza, especially in this county, where we have so much tuberculosis. I have seen a good many cases of tuberculosis that started from an attack of influenza. As influenza renders persons more liable to be attacked by other diseases, it may be

that some deaths ascribed to other causes have been indirectly due to it.

In this county practically no effort has been made to check the spread of the disease; there has been no isolation of the sick; no disinfection. During the pandemic of 89-90 the opinion was generally held, I think, that the disease was due to a miasm; that the atmosphere becomes saturated with the poison, and that the disease spreads independently of intercourse between places. Now it seems to be pretty generally held that the bacillus influenza is not ectogenous and that the disease is communicated by contagion only, but some hold that the disease is both miasmatic and contagious. It appears to be a portable disease. During the present epidemic most of the cases that I have seen had been exposed to the disease before attacked; but I have seen a few cases that were hard to accouunt for on the theory of contagion; for instance, the following: Mrs. B., aged 40, living at an isolated place in the country, was attacked January 14, this being among the first cases I saw; she had not been away from home for several weeks; she had not seen any sick person; there were no other cases of influenza in that neghborhood at that time. This woman was sick for two weeks; subsequently all the rest of the family, eight in number, had the disease. It is hard to account for this case, which I think was undoubtedly influenza, on any theory of the disease. I think it probable that the disease was carried to her by means of goods purchased in town, or by means of the clothing of other members of the family; several other members of the family had been to Scottsboro, where there were a few cases of the disease a few days before she was attacked. But even if the disease is propagated by contagion only, it would be hard to control; for it spreads so rapidly it is practically impossible to isolate all cases; but it seems that it would be proper to advise the aged and debilitated to keep away from it if possible. During epidemics people should always be advised to take good care of their health, especially should the aged be advised to avoid exposures which are likely to produce colds. I have no experience with the use of antiseptic sprays to the upper air passage as preventive measures. I have used quinine as a preventive, and I believe it has some influence in preventing the disease.

As there is no specific for influenza, the treatment must necessarily be symptomatic; but it is important that in prescribing remedies for the relief of symptoms we should exercise care, using such remedies

as experience has shown will relieve the symptoms without producing any injurious effects. I think that quinine exerts a favorable influence over the disease, so I always prescribe it to adults with grippe, preferring to give it in moderate doses, from 4 to 8 grs. three or four times aday. I have tried large doses, 10-20grs., in the first stage of the disease, but the results have not been satisfactory. Because of the fact that so many children suffering with grippe have otitis media, I do not often give them quinine. The preparation known as enqunine is what I usually prescribe for children when I want to give them quinine. For the fever, headache and pains in other parts of the body I more frequently prescribe phenacetine and Dover's powder than anything else, giving from 2 1-2 to 5 grs. of each from three to six times a day to an adult. To children I give drugs in different proportion, giving more phenacetine than Dover's powder. To a child two years old, say, I generally give 1 to 1 1-2 phenactine and 1- gr. Dover's powder. I do not give Dover's powder to children under two years old, but instead give codeine or camphorate tincture of opium, and these in minimum doses. I know that there are strong theoretical objections to the use of the coal-tar preparations in the treatment of influenza, yet they appear to relieve the pains of the disease better than most anything else, I find myself coustantly prescribing them; but I do not often give them except for the first two or three days of the disease, and never in large doses. Some authorities contend that the salicylates exert a quite favorable influence in this disease; but in my experience they have not seemed to control the symptoms as well as the coal-tar preparations do; and the same theoretical objections apply to them that have been urged against the coal-tar products, and, in addition, they frequently disturb the stomach, which is quite serious objection. To keep the bowels open, calomel and castor oil are the favorite remedies. I think it is important to keep the bowels open but that drastic purgation is injurious, tending to increase the prostration. Old people suffering with influenza I think should have a moderate amount of alcoholic stimulants from the beginning of the attack, and in severe cases alcohloic stimulants are sometimes indicated in all classes of patients; but I think the routine practice of giving brandy and whiskey to all grippe patients is bad; and I think the same observation will apply to strychnine, often a useful stimulant in the treatment of this disease, especially during the latter part of the disease, but liable to produce much mischief when injudiciously prescribed. Parenthetically I will state that I believe that as rule stimulants are less intelligently prescribed than

any other classes of drugs are. For the cough which is usually so troublesome I find heroin a useful remedy, as it controls the cough very well and seems to produce much less distrubance of the digestive functions than any other opiate. For adults I prescribe it in from 1-20 to 1-10 gr. doses to be given every two to six hours, as required to control the cough. I mention only the drugs that I most frequently prescribe. There are a good many other drugs I some times prescribe, especially in cases with complications. Influenza often presents a quite complex symptom group, and the treatment should be governed by the indications to be met. More important than drugs are rest, good nursing and a suitable diet. We should always warn patients of the danger of exposures during convalescence from grippe. A severe attack of influenza generally leaves its victim weak and anaemic, so after an attack it is often well to prescribe tonics, iron, arsenic and cod liver oil being ones I most frequently prescribe. To those of a tuberculosis tendency I give cod liver oil and creosote.

I say nothing about the treatment of complications, as they should be treated in the same manner as when they occur under other conditions.

REPORT OF A CASE OF APPENDICITIS.*

By C. L. Morris, M. D.,

BIRMINGHAM, ALA

I have a case to report of appendicitis whose history and course are of sufficient interest and involve some surgical principles, which I think warrant its relation. So much has been said and written on this subject within the last few years that we have grown to regard it as very much hackneyed, and I do not propose to enter into a discussion of this condition except in connection with certain unusual features presented by this case.

The patient was a young woman thirty years old, who had one child two years ago, since which time there had beeen slight menstrual irregularities. Gave a history of having had quite a severe attack of what was diagnosed appendicitis twelve years ago, but had never had a recurrence, and her health had been perfect subsequent to her recovery from this attack. I was called about 5 o'clock on Saturday afternoon, January 23, and was told by the patient that she

*Read before the Talladega County Medical Association.

was suffering with pains due to her menstruation. The menstruation was about three weeks delayed and had started two days before while she was in town and in coming home she was caught in a rain storm and had gotten soaking wet, to which she ascribed the discomfort she had been suffering. This discomfort, however, was not sufficient to interfere with the performance of her household duties, and she had only gone to bed after lunch on Saturday or about three hours before I saw her. She was menstruating very profusely and complained of general cramping and soreness in the lower abdomen; temperature was 100 1-2 degrees, pulse between 70° and 80°. On palpation the whole lower abdomen was moderately sensitive but more so on the right side, and there was some muscle spasm in this region. This lead me to make a vaginal and rectal examination. The uterus was found a little softer than usual, possibly a little enlarged, and while the bi-manual examination of the tubes and ovaries was somewhat interfered with on account of the sensitive condition of the patient, still I was fairly sure that the pelvis was clear. On rectal examination I thought I could feel an indefinable mass in the right inguinal region. I gave as my opinion that the patient had appendicitis and advised that she be moved to the hospital at once where she could be watched closely and prepared for an immediate operation. It was decided to wait till the next day and see if the condition would not improve. At 7 o'clock the next morning I was called hurriedly and found patient in a collapsed condition, the whole abdomen perfectly rigid, and suffering the most intense abdominal pain; temperature 97, pulse 120. She had slept fairly well through the night and this condition had come on suddenly a few minutes before I was sent for. She was sent immediately to the hospital and while preparations were being made for the operation, the leucocytes were counted and found to be 14,000. I would like to state that at this time I felt exceedingly dubious about the diagnosis I had made of appendicitis, which seemed almost precluded by the developments. It was almost inconceivable how a woman who had been up and around and not suffering much discomfort at 2 o'clock Saturday afternoon could have had a ruptured appendix at 7 o'clock Sunday morning. On the other hand the menstruation had been three weeks delayed and was almost hemorrhagic in character, which, in conjunction with the symptoms of sudden collapse, general abdominal rigidity, etc. strongly suggested a ruptured ectopic. A median incision was made below the umbilicus and on entering the abdominal cavity a very offensive, purulent fluid, containing what appeared to be particles of fecal matter, escaped. This fluid came from the general peritoneal cavity

and seemed very slightly, if at all, restricted by adhesions. The peritoneum was generally infected and had lost its normal lustrous sheen. The appendix was sought for and found to be necrotic, with a large perforation through which fecal matter was escaping. It was tied off along with a portion of omentum which seemed necrotic and the toilet of the cavity thoroughly carried out. The cavity was freely drained by gauze in all directions, dressings applied and patient gotten to bed in good condition. She got along nicely, the dressings being removed daily, the abdominal gauze being gradually withdrawn until the sixth day when the temperature and pulse began to go up and there were evidences of considerable septic absorption. This condition rapidly deepened, and on the night of the sixth day pulse was between 170 and 180 and temperature 105 1-2 degrees, abdomen generally distended, rigid and intensely painful. The patient was taken to the operating room and under the influence of one-fourth of a grain of morphia, given hypodermically, without a general anaesthetic, all gauze was removed and after breaking through adhesions, a collection of about a half pint of sero-purulent fluid was drained from up around the spleen and about a pint from down in the direction of the pelvis. These cavities were thoroughly irrigated with normal salt solution and packed with gauze. The patient's condition was so exceedingly ragged at the time of this procedure that infusion of normal salt solution was begun as soon as she was placed on the table. The temperature and pulse began immediately to go down and by the next day her condition was decidedly better, temperature being between 101° and 102° and pulse between 130 and 140. But there was the most enormous degree of distension that I have ever seen or conceived of. Calomel and salts were administered, high soap-suds and alum enemata given and the tight abdominal bandage used without avail. After forty-eight hours of this condition the respiration was so much embarrassed by the pressure against the diaphragm that I decided to tap the gut. I selected a portion of gut near the margin of the incision as the most favorable location for the establishment of a fecal fistula and inserted the smallest size trocar, a cannula. Many cubic feet of gas must have escaped and the abdomen collapsed to almost the normal size. Gauze was packed snugly against the point of insertion of cannula. The relief experienced by the patient after this procedure was indescribable and a few hours afterwards, in response to an enema, the bowels began to move. The next day, however, the gas had reaccumulated to a considerable extent and in compliance with the entreaties of the patient I again tapped the gut. This was repeated again on the third day, after which there was no further discomfort.

The remarkable thing is that notwithstanding the fact that the bowel was tapped on three successive days, there was not the slightest sign of fecal fistula or leakage at this point. From this time on the condition began rapidly to clear up, the temperature running between normal and 100 degrees and pulse from 90 to 100. In five weeks from time of first operation patient was up in a wheel-chair and was taken home a week later.

Of course, as a result of the prolonged septic absorption incident to the extensive drainage, there was much emaciation but the condition was favorable until the beginning of the ninth week after the first operation, when she developed pneumonia and died within twenty-four hours.

The remarkable features of this case are, the almost inexplicable history and the fact that the repeated tapping of the gut was not followed by fecal fistula. In a number of abdominal operations for infected conditions where drainage is necessary and which are frequently complicated by distressing gas formation and a more or less paritic condition of the bowels, I believe this procedure of tapping the gut through the incision will not only give the patient indescribable relief but also promote peristaltic movement and consequent bowel movements without danger of fistula or other complication.

PUERPERAL INFECTION.

By J. F. Jenkins, A. B., M. D.,

COLEANOR, ALA.

Is is my wish to briefly call attention this evening to the history and pathology of this condition and to discuss its prevention and healment. My excuse for bringing this subject for your consideration tonight it that, in spite of our boasted enlightenment and pregress in medicine, this disease is claiming its victims today as it did in years gone by when asepsis and antisepsis were unknown terms. It is shown from statistics that during the child-bearing period of woman's life puerperal infection is the cause of death more often than any other disease except consumption, that in well regulated maternity hospitals the mortality is almost nil.

Puerperal infection is defined by Williams so as to include all morbid conditions which result from the entrance during labor or the puerperium of infectious micro-organisms in the female generative tract.

HISTORY.

This frequent cause of death to so many mothers had been regarded by the ancients as due to the sinister influence of one offended deity, or to a mysterious atmospheric influence. In more recent times it was considered as due to retained lochia, or that it was essentially a metritis, and later still the milk metastasis theory of Puzas prevailed.

It was in 1848 that Oliver Wendell Holmes made the proposition that was so bitterly assailed by the authorities of that time, that the disease known as puerperal fever is so far contagious as to be frequently carried from patient to patient by physicians and nurses.

In 1847 Ignitz Semmeleveis, an assistant physician in a large Vienna clinic, began a careful inquitry as to the frightful mortality attending labors in that institution as compared to the small mortality when women were confined at home. He became imbued with the idea of the identity of puerperal infection and wound infection. He felt that many of the cases were due to the infection carried from the autopsy room to the maternity ward.

PATHOLOGY.

Marx, in an able article in the Medical Record, concludes that the normal puerperal uterus is a sterile organ. Hence we now know that puerperal fever was always puerperal infection, and that with rare exceptions this infection is by the hands or instruments of the physicians or nurse, or from the hands of the woman herself handling her genital organs. We cannot shift our responsibility by the excuse, "auto-infection." In this condition the most common lesion is an endo-metritic of which there are two principal varities—septic and putrid. In the former type there may be little or no discharge and no ordor; in the latter the amount of necrotic material may be enormous and recur rapidly after curettement, the odor intolerable, pervading the bedding and room.

According to Baum, in a section of uterus the seat of septic infection there is little necrotic material, a thin zone of reaction, and the micro-organisms can be seen making their way through the decidua, through the lyphatics outward to the pertitoneal surface; while in a section of uterus the seat of putrid infection there is a thick layer of necrotic material in which are numbers of micro-organisms, a thick layer of round cell infiltration and beneath this normal tissue. From this we deduce that the former condition gives rise to septic infection, the latter to septic intoxication or to a sapraemia; that the quantity and character of the uterine discharge is apt to be in inverse

proportion to the gravity of the case; and finally, any fever during the puerpurium should be considered puerperal infection until the contrary is proven.

PROPHYLAXIS.

We should treat during pregnancy all constitutional diseases that tend to impair the general health of our patients, such as syphilis, kidney diseases and constipation. The personal cleanliness of our patient and her surroundings should be improved as far as can be done under each circumstance. The clothing of the patient, sheets and towels should be freshly laundried. Before each vaginal examination the external organs should be scrubbed with soap and water and the bichloride solution used. In the second stage of labor a freshly laundried towel wrung out of 1-2000 bichloride solution should be laid over the vulva as a protection from contact with the bedding and the patient's hands. We ourselves should exercise the greatest personal cleanliness and make use of sterile rubber gloves in our vaginal examinations, for the infection with which as a general practitioner our hands were in contact days before may be the cause of a fatal puerperal sepsis, as the effectiveness of hand sterilization, especially as we are able to practice it in our patient's homes is doubtful.

This vevry idea of the imperfection of our tecnique of asepsis should drive us to the necessity of limiting the internal examination and of acquiring such familiarity in abdominal palpation in the clinical course of labor that one vaginal examination early in the first stage of labor and one after the membranes have ruptured should be sufficient in normal labors.

During and after the third stage of labor the vagina and uterus should be regarded as far as possible as a noli me tampere—not to be entered except in such complications as retained placenta or post partim hemorrhage, and then only after most careful hand sterilization, for it is no advantage to the woman to be saved a death from hemorrhage to die afterwards from sepsis.

As a prophylactic measure the use of the anti-streptococcic serum has not been followed with beneficial results, but there is a possibility that the future may produce an antidote to puerperal sepsis.

TREATMENT.

During the puerpurium, as soon as fever makes its appearance, constipation and the breasts should be excluded by opening the bowels and by giving proper attention to the breasts, as the fever of auto-

intoxication subsides readily when the bowels are opened. If the fever reaches 102 degrees or the pulse reach 125 per minute in spite of the above treatment the patient should be examined in a good light. Ulcers or grayish membranes about the vulva, vagina and cervix uteri should be touched with pure carbolic acid or iodine. The interior of the uterus should be explored with one or two sterile fingers and any necrotic debris removed and washed out with warm sterile salt solution. The uterine douch may be repeated as indicated by the character of the discharge. If the interior of the uterus is practically clean, and yet the patient's general condition is serious, it is a streptococcic infection and further local measures may be harmful.

After examining the uterus and its contents the uterine appendages and posterior cul de sac should be palpated, and if fluxuation exist should be opened per vagina.

Privi's method of treating this condition is as above, with the further use of iodoform gauze packing to the interior of the uterus, and also of the pelvic cavity through the cul de sac. This method aids absorption, secures uterine contraction and the iodine acts locally and systemically as an antiseptic.

The use of the curette has been condemned by most authorities, and the pathology of the condition presents a rational reason for such general clinical conclusion.

In the putrid infection a thick zone of reaction protects the general system from the entrance of pathogenic micro-organisms, and the curette would destroy this barrier, while the sterile fingers and uterine douch can clear out the debris without harm.

In the septic uterus there is often nothing to be removed, and the curette would only make additional lesions for the entrance of the already too numerous streptococci by destroying the thin barrier that nature is able to give in this condition.

Opinions as to the advisability of hystorectomy for suppurative metritis and in wide spread infections are various. Garrigues would advocate it if general condition was fair, except in streptococcus infection: Shoemaker considers it rarely justifiable: Dr. N. C. Norris concludes that inability to make the diagnosis early enough is considerable: Palmer, Dudley, Leipziges and Rausen are unfavorable in opinion. To do it early enough to be of benefit would sacrifice many uteri.

Much has been written lately of the benefits of antiseptic intravascular infections as practiced with formalin and, indeed, with weak bichloride solution, but normal saline solutions seem to accomplish

the same results without the dangerous objections of the other —the same fall in temperature, improvement in pulse and respiration. So it is believed that it is not the antiseptic action of the formalin or bichlioride but the transudation following the overdistension of the blood vessels which causes the free diuresis and diaphoresis and thereby rids the system of much toxic material.

In the general treatment of this condition a thorough evacuation of the bowels and free diureris are important. Calomel for the former and normal saline solution for the latter are efficient. The vitality of the patient should at all times be supported by diet and stimulants. As for medications, ergot, strychnine, alcohol and quinine are always indicated, and there is no specific. The temperature should be controlled by cold sponging or packs.

GUNSHOT WOUND OF THE ABDOMEN--EIGHTEEN PERFORATIONS—INTESTINAL RESECTION (5 FT. 7 IN.)—RECOVERY.*

By John D. S. Davis, M. D.,

BIRMINGHAM, ALA.

Mrs. Phillips, a white woman twenty-three years of age, of Stoutt Mountain, Ala., while attempting to place a rifle in the rack on the wall the gun was discharged with the muzzle about eight inches from the abdomen.

The bullet, a twenty-two calibre, entered in the median line midway between the umbilicus and the symphisis pubis ranging backward,

Metal Button.

*Reported before Jefferson County Medical Society, March 14, 1904.

Metal Button Open.

upward and to the right, and was deposited in the muscles of back on right side. The ball traversing the abdomen made eighteen gut perforations, and two cuts in the intestine that went to the mucous membrane. Sixteen of the perforations and the two sero-muscular wounds were in the small intestine, and two perforations in the transverse colon. The bullet cut two mesenteric arteries which caused a large amount of blood to collect in the abdomen.

Patient was shot at 4:30 o'clock in the afternoon of February 2, 1904, and was brought a distance of eighty miles on train to Birmingham and carried to Hillman Hospital. At nine o'clock I saw the patient and had her prepared for section. A seven-inch incision was made in the median line, a large quantity of blood turned out and the bleeding vessels controlled by hemostatic forceps. The two perforations in the transverse colon were so near the mesenteric border

Horse Shoe Button.

Horse Shoe Button Open.

that I stripped up the mesenteric covering and turned the mesenteric border in as though the two openings (one on each side) had been one large opening, including mesenteric border, and closed with interrupted silk sutures. I then brought the mesenteric folds back and sutured over the wound. Four perforations and two sero-muscular cuts in the small intestine were turned in and closed with small interrupted silk sutures. Two perforations were situated so close together that they had to be closed by flexing, pouching or looping the mesenteric border, the bowel being bent on its convexity so the two

Resection of intestine illustrating the puckering suture on one side ready for the male side of button, the other showing the female button in place.

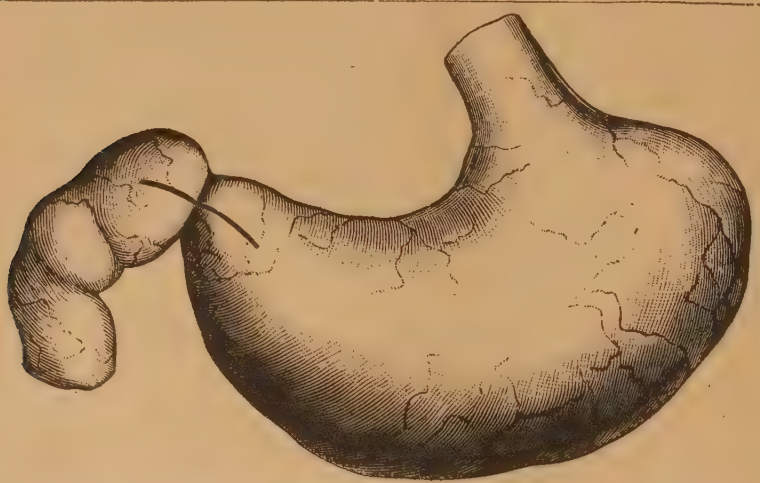
wounds could be closed as one large wound by interrupted longitudinal loop sutures. There were two other perforations that could have been closed by suture, but the openings were between two mesenteric perforations on one side and eight on the other and I thought it better to loose one more foot of intestine than to do two resec-

tions. I resected that part of the intestine containing the ten mesenteric perforations (sixty-seven inches), including the two large perforations in the convexity of the ileum and closed with the third size metal button. The resected bowel and its mesentery were re-

Illustrates the intestine closed with button and the opening in the mesentery closed by interrupted silk suture.

moved, the vessels ligated and the gap in the mesentery closed with interrupted silk sutures.

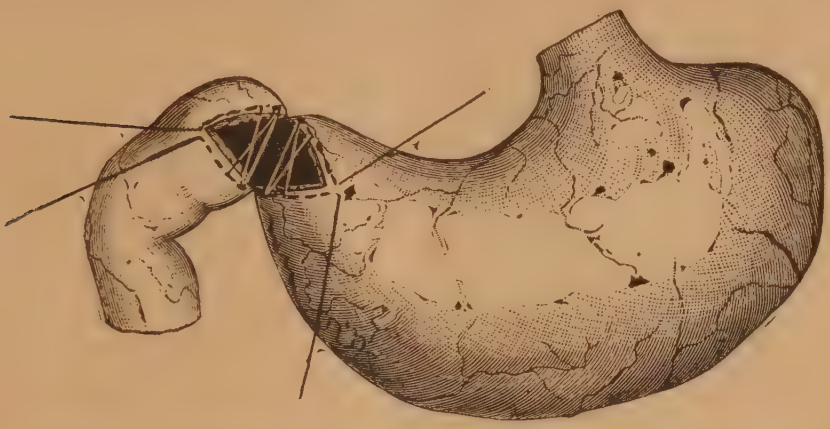
The abdomen was flushed with warm normal salt solution; used gauze drainage, and closed abdomen with through and through worm-gut sutures.



Linear pyloroplasty (Park) for stenosis of pyloric orifice of stomach.

Drainage was removed on second day. The patient was in a ward with three pus cases, and on the eight day she developed a small mural abscess due to infection through a stitch that traversed the drainage track.

Patient passed the button on the twenty-first day and left the hospital March 1, 1904. A week later she was doing house work and is now perfectly well.



Illustrates the application of the puckering sutures in the open cut of a linea pyloroplasty ready for the horse-shoe button.

When I saw patient at 9 o'clock her temperature was 102 and pulse 130—she seemed to be considerably depressed.

The temperature and pulse gradually declined until normal was reached on the seventh day. And but for the infection referred to

Hour-glass stomach illustrating incision for oblong horse-shoe button for gastro-anastomosis.

her convalesence was uninterrupted. The button (No. 3) was a larger size than should have been used, but I had no second size (No. 2) convenient to use which accounts for the few days delay in passing the button.

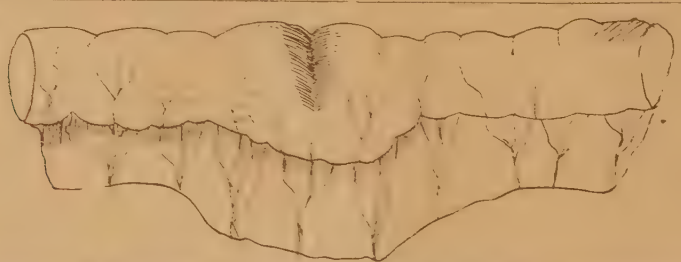
Success in this case was due to early operation which was begun in less than five hours and completed in less than seven hours from the time she was shot.

I desire to exhibit in this connection a metal button, which is made in four sizes like the Murphy button, except it has no spring. The spring serves no good purpose, is an additional expense and makes the button more difficult to apply.

Opened Closed

Oblong horse-shoe button suitable for gastro-anastomosis—however, the largest size (No. 3) of the oval button may be used. When using the oblong button, after closing the puckering thread a cat-gut loop suture should transfix the sides to prevent widening of edges.

I also desire to show a metal horse-shoe button which I use to close large wounds on the convexity of the gut without destroying the mesenteric border by resection. The button is separated and each side of button is held by a puckering suture, and the button closed as when doing a resection.



Appearance of the bowel with a large opening in the convex side closed by means of the round horse shoe plates.

The two wounds in the convexity of the bowel which were so close together that they had to be closed as one by flexing the bowel and suturing longitudinally (looping the mesenteric border) was suitable for the use of the horse-shoe button, but I had none at hand at the time.

Appearance of the bowel with a large opening in the convex side closed by means of the round horse-shoe button with the mesenteric border cut away.

In the year 1889 I read a paper before the Southern Surgical and Gynecological Association upon an experimental study of intestinal anastomosis, in which (Transactions S. S. and G. As'n, 1883,) I illustrated my catgut plates and horse-shoe plates.

For a long time I discarded all devices except the catgut horse-shoe plates for closing large wounds on the convexity of the bowel, but finally I began the use of the Murphy button in my intestinal work which, I have for some time used without the spring. And now instead of the catgut plates I use the metal horse-shoe buttons.

VALEDICTORY ADDRESS.

By Frank L. Chenault, Birmingham Medical College, 1904.

Honorable Dean, Gentlemen of the Faculty and Class, Ladies and Gentlemen:

We have now come together for our final leavetaking. This is a time to which we have looked forward with much interest as being of great importance to us. Without this our course would be incomplete and our labors thus far without reward.

The feelings of pride and joy with which we perform the ceremony that unites us for the last time as students of our beloved school, are not unmixed with sensations of sorrow; because, in sundering these ties we terminate our school days, and our associates during these years of medical training are henceforth to be with us only in memory.

Farewell! The word brings a sorrow I cannot express. It means not only the dissolution of school ties, but marks the beginning of our journey into the unexplored fields of the future.

Our teachers have fulfilled their obligations towards us. No more can we expect the constant stimulation of their presence. Henceforth we must block out our own pathways, and look to that common teacher—Experience.

Our school days closed, standing on the threshold of our professional career, we feel constrained to render unto those through whose instrumentality we have received so much, some expression of our gratitude and appreciation. Hope, love, pride, care, and needed help, are to us, "Like apples of gold in pictures of silver."

To the students of the other classes, we bid a tender and affectionate farewell. We have a fellow feeling for you in the long course of intellectual labor in which you are now engaged.

Though separated by distance a common cause unites us. This is an employment which is to give complexion to your whole future life, and through you will wield a powerful influence on the social circle in which you move. This is a propitious period for young men. Being in incessant contact with such minds at the formative period of life; pursuing your duties in an institution so rapidly advancing in strength and popularity; surrounded by such decided industrial and commercial energy; it will be strange if you fail to catch the spirit of the times and attain success commensurate with your opportunities.

Fellow Graduates, this is more than a passing incident in the course of our existence. Our diplomas will always bear evidence of our achievements. Yet they stand a better evidence of opportunity than of attainment. Shall we utilize the advantages we have gained and continue the progress we have begun? Or, shall we quietly fold our hands and lose through inaction the real advantages we should have gained from the opportunities we have enjoyed?

Entering the activities of life's battle, as we do, in the early morning of this century which is the legitimate heir of all the achievements and accumulated intelligence of the ages, may we not justly feel proud of our inheritance? In direct proportion to the grandeur and magnificence of the heritage we acquire is the burden of the cares and responsibilities we assume. The standard of general excellence in the medical profession is so high that to reach a position of mediocrity is in itself a most laudable ambition.

As one of our faculties is superior to another, so the light of intelligence may be stronger in some than in others. But, if on the whole we come up to the standard as set by the preceding classes

we should feel proud. In running the mind along the course of evolution of the Healing Art, we see the cobwebs of ignorance and superstition broken through, and, "The profession of medicine ever setting at the foot stool of science, now and then gathering some of the leaves which have fallen from the hands of the alma mater of all knowledge; again, some more emboldened spirit has snatched a full garland and has carried it off to render a proper return in advanced knowledge."

Our greatest men have passed away regretting neglected achievements—not fearing death—but sad at leaving so much undone.

In early times diseases were attributed to supernatural agencies and were treated with prayers, incantations and soothsayings. Later, medicines were given by the handful and gunshot wounds had boiling oil poured into them. Even the present day is not without its Faith Cures, Magnetic Healers and Christian Scientists.

Through the bequests of those men who have explored the principles of the material universe and exercised the understanding which God gave them for the investigation of truth, the profession of medicine has been elevated to a position of dignity and honor in its proper place as an exact science. With the clinical thermometer, the microscope and laboratory aids to diagnosis, the X-ray and anaesthesia, and a working knowledge of the principles of asepsis and antisepsis already achieved, what do we not demand of the future?

The marvelous advancement of today is but the prelude. The latchstring hangs on the outside. What now appears as the dim horizon of possibility, will in a half century be old fogyism. As yet the future is unknown and we dare not dream what it shall bring forth. The fundamental principles of nature have hardly been touched. Continually we strive to acquire the unexplained truths and grasp the possibilities which lie beyond. Should we stop to consider what has been achieved, we might doubt if further progress be possible. But when we behold scientific men, encouraged by present attainments, putting forth their energies in every direction, with an accuracy of research and fertility of invention hither to unknown, we wonder what the end will be.

The public mind is full of expectation. Men are anxiously seeking improvement. Not satisfied with instantaneous communication at long distance, we want to see the man at the other end. Not satisfied with the intricate network of railway and steamship lines by means of which he can cross the country at a sixty-mile rate and in grand hotel floats across the briny deep, man wishes to launch out into space and defy time, distance and gravity. Not satisfied with specifics for diptheria and malaria, he now proposes to prepare anti-toxins for all infectious diseases. Not satisfied with having

liquefied the air, caused a deep sleep to fall upon his brother, and with an X-ray examine his bones, he now proposes to burn the waters of the sea to illuminate his pathway for further research.

So far we have seen only the early dawn of life with its gilded beauties and heard the song of the morning birds. In our, as in all other callings, eminent success necessarily comes to but few.

In medicine probably the present standard of qualifications is higher than in any other of the learned professions. To attain moderate success relatively high attainments are required. To the world the men in front have always been known. But no great fight was ever won without a rank and file. It is said, "Fortune knocks once at every man's door." The man and the hour will meet. When the emergency comes, if you are prepared and ready to improve the opportunity the world will recognize your success. It knows us not when we fail. Our future hope as a profession is crystallization; a community of interests; a fraternity spirit; a working capacity for common good. All physicians should identify themselves with the organized body of the profession as represented in their communities. Inherent within us is the needed unit of crystallization.

The very existence of our organization, country, state, national and international, manifest this same principle. A worthy subject for thoughtful consideration is a uniformity of laws in all the states, relating to public health, vital statistics and the regulation of the practice of medicine. This will inevitably involve us in political and financial struggles.

The tendency of the times is toward a higher standard of preliminary education. No longer will the mere fact the man is tired of associating with his mule be considered sufficient qualification for entrance to a medical college.

In the familiar and confidential intercourse to which physicians are admitted, the greatest purity of character and highest standard of moral excellence are required. Whether our code of ethics rests on the oath of Hippocrates, or, whether it dates its origin from the decalogue, there should be no tendency to violate the established rules of decorum, nor to encroach on the sanctity of those rights and feelings, which, as they cannot be protected by law, must owe their security to delicacy of sentiment in him to whom they the exposed.

We bid adieu to each other. May the promise tonight be fulfilled in our future lives. May we withstand the temptation we are so sure to encounter. And may the same hopes which cheer and sustain the vigor of manhood, shed a softened light over the decay and sufferings of age, so that, when we enter the dark valley of the shadow of death, we shall be safely guided to the Great Unknown.

Selected Articles.

BRIEF OBSERVATIONS ON SOME CONDITIONS IN WOMEN THAT ARE OF MUCH CONCERN TO THE PRACTITIONER.

By J. Ridgly Simms, A. M., M. D.,

RACINE, WISCONSIN.

The conditions of which I wish to speak are dysmenorrhea, and the state following miscarriage or absorption, in which there are retained portions of the placenta and membranes that require removal or expulsion.

For lack of space, I shall devote myself, in the present paper, chiefly to dysmenorrhea, and will dismiss the condition following abortion with a few remarks, which may as well precede the other part of my article. I reserve for a future communication the detailed discussion of this important and interesting clinical condition.

The effects of retained placental or fetal tissue in a partially successful miscarriage or abortion consist in hemorrhages, purulent discharge, enlargement of the uterus, subinvolution, metritis, endometritis and sepsis. The indications in these cases are, therefore, the thorough emptying of the uterus and the rendering of the womb-cavity antiseptic.

In ordinary cases this must be done by surgical interference, including curetting and the removal of all decomposing and diseased tissue, followed by the application of antiseptics to the endometrium. There is a class of cases, however, in which for one reason or another curettage is refused by the patient, and in which it is incumbent upon the physician to give what relief he can by medical means. In such cases I have prescribed Ergoapiol (Smith), a combination of the active principles of ergot (ergotine) parsley (apiol) and certain other emmenagogues and uterine tonics. In one case of this kind which came under my observation some time ago, I used Ergoapiol (Smith) with such marked success that I learned since then to rely upon this preparation in removing the retained fragments from the uterus, emptying the organ and reducing it to its normal size and functions. The remedy in question has proved so trustworthy in my hands in these cases, that when it disappoints, which it rarely does, I look about to ascertain wherein I myself have erred.

A discussion of the causes of dismenorrhea would lead us too far

in the present brief clinical paper, and it will sufice if I assume that the reader is acquainted sufficiently with this part of the subject to follow me in the remainder of the article. The clinical diagnosis of dysmenorrhea is in itself easy enough, while the diagnosis of the cause is not always so simple. In the cases presented here I paid especial attention to the causation of the menstrual pain, as I believe that in this manner I was better able to outline the indications for treatment. It goes without saying that dysmenorrhea from mechanical obstruction is not amenable to medical treatment. Fortunately, however, it has been in my experience at least, not frequent, as dysmenorrhea depending upon congestion. The specially disagreeable and intractable form of dysmenorrhea which is accompanied by a fetid discharge as the result of the decomposition of the retained menstrual blood, also comes under discussion here, as the use of douches with antiseptics and deodorants cannot be hoped to affect it permanently, while the employment of more radical medicinal means does not bring about the desired effect in this condition.

In congestive dysmenorrhea, and in that form which is accompanied by fetid discharge, the indications are to diminish congestion, by promoting the contractions of the uterus and relieving it of the accumulated blood, to stimulate glandular activity in the mucosa, to restore the tone of the uterus and the nutrition of its tissues to normal, and to relieve spasm and pain.

The following cases illustrate the effects which I obtained with the use of Ergoapiol (Smith) in the treatment of dysmenorrhea:

Some months ago I was consulted by a young woman who had suffered from scanty, fetid menstruation, accompanied by a great deal of pain, since the birth of her first child, seven years previously. Her labor had been followed by a tear of the perineum which had been left unrepaired, and also a laceration of the cervix uteri. This patient consulted a specialist, but his treatment did not give her relief. Examination revealed the presence of the uterine and perineal lacerations already mentioned and disclosed a chronic endometritis that had given rise to a fetid discharge and to pain during each menstrual period. I repaird the tears, curetted the uterus, and hoped in this manner to obtain permanent relief of the patient's symptoms. After she had recovered from the operations, she declared that she was feeling better than she had been for years. But very soon the fetid discharge and the pain returned at each menstrual period, and evidently something else had to be done if I wanted to save my reputation. I then tried local applications, alteratives, uterine tonics, etc., all without avail, until finally Ergoapiol (Smith) was given.

The result was immediate relief and a gradual and permanent improvement in the menstrual flow until it was free from pain and devoid of any disagreeable odor.

This patient was evidently suffering from congestive dysmenorrhea which was intensified by the presence of lacerations of the cervix and the perineum which had existed since parturition. The result attained illustrates very well how Ergoapiol (Smith) acted upon the uterus, restoring its tissues to normal condition and re-establishing the menstrual function upon its normal basis.

Another type of dysmenorrhea, that which I term "nervous," but which the authorities term "neuralgic," is illustrated by the following case which recently came under my care:

The patient was a young woman who had been married two years, but who had not borne any children. She stated that she had pain during the menstrual period from the first onset of menses, and at the time of examination she also complained of a fetid discharge. The menstrual flow was scanty and rarely of blood red color. Just before and after the period she had backache and headache, her complexion was unhealthy, not bright and clear as that of her sister, and she appeared older than she really was. She always dreaded the onset of the menses which recurred with a regularity that is not always present in these cases. She was easily excited and received impressions vividly and indelibly. Her digestion was poor, and she was often sleepless, irritable and peevish.

Vaginal examination revealed a slightly thickened os and slight endocervicitis with erosions of the cervix. Cod liver oil, malt extract, hypophosphites and aromatics, in combination, 25 per cent. of each, were given freely during the intervals between the menstrual periods and for three days before the expected menstruation Ergoapiol (Smith) was given in capsules, one being given three times daily until the discharge ceased. At the fourth period after the beginning of the treatment she was relieved of all her symptoms, and was free from pain and fetor during menstruation. Locally, tincture of iodine and occasionally tampons of ichthol and glycerine were applied. The cure was permanent and in every way satisfactory.

722 Wisconsin Street.

A CASE OF IDIOPATHIC ANAEMIA.

Idiopathic enaemia presents some very difficult conditions to relieve.

Idiopathic enema presents some very difficult conditions to relieve. During May, 1903, Mr. B. H., aged forty-eight years, gave up his work as mail-carrier on a R. F. D. Route, and took to his house and

shortly after to his bed. He received good medical treatment from several competent physicians, but steadily failed till he seemed almost bloodless. During the autumn he was taken to Clifton Springs Sanitarium, where a blood count showed 1,500,000 red corpuscles to a cubic c. mm. and he was sent home as a case not suited to treatment. Less than three weeks ago I first saw him. He was confined to bed, dropsical, nearly bloodless, not greatly emaciated, hardly able to express an idea, brain being almost inactive. He had always chewed tobacco excessively; this I stopped abruptly and completely. I put him on pepto-mangan (Gude), in place of..... which he was taking and gave him 1-20 gr. of arsenious acid in tablet form once daily.

For five days he lay partly comatose then began to revive, and from that time on has improved very rapidly. The dropsy is all gone, and the mucous membranes of lips and eyelids are red. He sits at the table and eats several pounds of red meat daily, sleeps quietly and his brain works easily and actively. I am not puffing any particular medicine; indeed, I hardly know which to give the credit to—the pepto-mangan or the breaking of the tobacco habit. He has never asked for tobacco since he "came to." He seems so amazed to find himself improving that he is willing to give it up.

Carles L. Lang, M. D., Weedsport, N. Y.

(American Journal of Dermatology and G. U. Diseases, January, 1904.) Fuller favors the removal of the epididymis in all cases in which it has become the seat of a tubercular process. In all cases where there is any abscess formation he prefers therapeutic and hygienic measures. Where, however, abscess form, he operates, freeing the patient of the accompanying pain and pyrexia, and at the same time putting an effectual stop to the diseased process in that particular part. He has formed this opinion in over fifty cases. If care is not taken in dissecting away the epididymis, the blood supply in the testicle may be destroyed. To avoid such an accident the globus minor should be dissected away from its connection with the testicle and then separate the body of the epididymis, the globus minor being removed last, and to effect its removal digital traction should be a feature, while as little as possible actual dissection with the scalpel should be applied.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

La Grippe.

In this issue will be found valuable contributions to the literature on this very important subject.

This disease has various synonyms, such as influenza, grip, epidemic catarrhal fever, etc. As in all other diseases no two definitions of it are the same. Authors tell us that great pandemics of it have been known for more than three centuries, and there have been four during the past hundred years. It is said to have first appeared in the United States in 1647. Its last appearance in this country was during the winter of 1889-90, since which time it has prevailed to a greater or less extent epidemically or endemically. This pandemic is said to have started in Russia (and by some was called Russian fever), and in a few months spread over the entire world. There is

no disease that seems to attack all ages, all sexes and all classes so indiscriminately, and while its victims suffer much pain and inconvenience the death rate is fortunately very low. It seems to spread not only from contact but by atmospheric means; for during the last Peary expedition it appeared among the inhabitants of the arctic regions and attacked for the first time the members of the expedition nine months after reaching that section.

A somewhat similar disease called "epizootic" frequently attacks horses and other domestic animals.

In 1892 Pfieffer discovered a baccillus in the nasal and bronchial secretions which has been accepted as the cause of the disease, but this has been of little value from a diagnostic standpoint. Season, cold, altitude, climatic and hygienic conditions seem to have but little influence on it, and nothing grants immunity from it; one attack, instead of inhibiting others, predisposes to them.

But little is known of its pathology. In fatal cases there is found a catarrhal condition of the mucus membranes of the respiratory tract and sometimes of the abdominal viscera.

The period of incubation is from a few hours to three or four days, and then usually follows an abrupt onset, with symptoms more protean than those of any other disease, possibly except syphilis.

Text books usually divide this disease into catarrhal or pulmonary, nervous and abdominal types, depending upon the portion of the system most affected. The fever, great prostration and mental depression together with the pains in the bones and slow convalescence will usually aid in diagnosing it from "cold," with which it is most frequently and carelessly confounded. The exanthematous diseases, before the eruption may be mistaken for grippe. This is especially true of measles and variola. The complications and sequela are numerous and are really worse than the disease itself, and may involve any organ in the body.

No specific for it has ever been found. Prophylaxis by disinfection and serum therapy has been tried, but with no great degree of success The treatment must, therefore remain symptomatic.

Doctors in Politics.

As we pen these lines, the Democratic voters of the State of Alabama are casting their votes for the gentlemen who shall fill the offices and discharge the responsibilities for the people of the State.

Perhaps not in the history of the State has so uniform an interest been taken by the medical profession as in the present campaign

Some errors have inadvertently been committed, which no doubt in future elections will be overcome. That the doctors need some system by which authentic information can be given with reference to the proper persons to be voted for, there is no question. As we have said before in this Journal, the difficulty with the great body of the medical profession, making themselves felt, is that it seems almost impossible for some to lose sight of personal interests and personal friendships and vote for men squarely on issues. If the members of the medical profession throughout the State make up their mind to vote for men who will define their position with reference to the medical organization of the State, there will be no trouble in electing these men to office who thus declare themselves. It is being insisted upon throughout the country by many of the leading medical men that the physicians should take an active interest in politics and make themselves felt on medical questions, and we believe that if the regular medical profession were to adopt the same system and enter into it with the same enthusiasm and determinationn as do their strong opponents that the time would soon come when the strong arm of the profession would be felt in every precinct and county of the State.

The Journal predicts that in the next State election the influence of the medical profession will be felt. Two dangers are to be kept in mind; one is that the doctor must keep out of seeking office for himself. The second is he must be willing to lay aside the consideration of personal friendship for the cause he advocates.

The Medical Association of the State of Alabama. —Program of the Annual Session to be Held at Mobile, April 19-22, 1904.

COMMITTEE OF ARRANGEMENTS.

E. D. Bondurant, M.D., Chairman; H. T. Inge, M.D., C. A. Mohr, M. M., V. P. Gaines, M. D., P. J. M. Acker, M. D.

The hall of the Mobile County Medical Society—located at corner of St Michael and Conception Streets—will be open during the session of the State Body, and all members are cordially invited to make use of these rooms.

FIRST DAY--TUESDAY APRIL 19,—MORNING SESSION.

1. Call to order at 12 m. by the President, Mathew B. Cameron, M. D., of Sumpterville.

2. Prayer by Rev. Mathew Brewster, Mobile.

3. Address of Welcome by E. D. Bondurant, M. D., President Mobile County Medical Society.

4. Address of welcome by Hon. Charles E. McLean, Mayor of Mobile.

5. Annual Message of the President, Mathew B. Cameron, M. D., Sumpterville.

6. Report of Senior Vice-President, Mathew B. Cameron, M. D., Jasper.

7. Report of Junior Vice-President, John R. G. Howell, M. D., Dothan.

8. Report of the Secretary, Lewis C. Morris, M. D., Birmingham.

9. Report of the Treasurer, Henry G. Perry, M. D., Greensboro.

10. Report of the Publishing Committee.

11. Report of Special Committees.

12. Miscellaneous Business.

Adjournment.

Followed by Boat Excursion on Mobile Bay, with lunch on board.

EVENING SESSION.

1. Call to order at 8 p. m.

REGULAR REPORTS.

2. Cranial Injuries, with Report of Cases, Wm. Henry Robertson, M. D., Clayton.

3. State's Rights, Wm. Jones Kernachan, M. D., Florence.

4. Intra-Tracheal Injections in the Treatment of Pulmonary Tuberculosis, with Report of Cases, Wm. Wightman Mangum, M. D., Eufaula.

5. Operative Treatment of the Patella, and of Certain Fractures of Long Bones, Wm. Mudd Jordan, M. D., Birmingham.

6. Puerperal Sepsis—Its Prevention and Treatment, A. LaF. Harlan, M. D., Alexander City.

7. A Study of the Blood in Ucinariasis, Wm. Groce Harrison, M. D., Talladega.

8. Ex-Opthalmic Goitre, Edward P. Riggs, M. D., Birmingham.

SECOND DAY—WEDNESDAY APRIL 20—MORNING SESSION

1. Call to order at 9 a. m.

2. Unfinished Business.

Continuation of Regular Reports.

3. Nervous Diseases in Alabama, Eugene DuB. Bondurant, M. D., Mobile.

4. Hemorrhage an Important Element in Surgical Work, Frank E. Petty, M. D., New Decatur.

5. Abdominal Hysterectomy for Fibroid Tumors of the Uterus, George H. Noble, M. D., Atlanta, Ga.

6. Psychic Impressions as a Therapeutic Agent, Stephen Cary Henderson, M. D., Brewton.

11 O'CLOCK A. M.—SPECIAL ORDER.

7. Jerome Cochran Lecture, "The Cardiac and Vascular Complications and Sequels of Typhoid Fever," Wm. S. Thayer, M. D., Baltimore, Md.

8. Pure Drinking Water for Country Homes, and for Villages and Towns Unprovided with Waterworks, Edgar B. Kay, University of Alabama.

9. Retro-Displacements of the Uterus, Cunningham Wilson, M. D., Birmingham.

10. Miscellaneous Business.

Adjournment.

AFTERNOON SESSION.

1. Call to order at 3 p. m.

Contiuation of Regular Reports.

2. Carcinoma of the Kidney, Joseph W. Peters, M. D., Birmingham.

3. The Practical Value of the Leucocyte Count in Inflammatory Conditions Within the Abdomen, Barney Burns Rogan, M. D., Selma.

4. Otoliths and Their Function, G. Hartung, M. D., Cullman.

5. Surgery of the Arteries, Rudolph Matas, M. D., New Orleans.

Adjournment.

Followed by Excursion to Monroe Park, given by the Faculty of the Medical College of Alabama.

EVENING SESSION.

1. Call to order at 8 p. m.

2. Monitor's Address, Thos. D. Parke, M. D., Birmingham.

3. Annual Oration, George Summers Brown, Birmingham.

Reception at the Elks' Club (corner of Government and Joachim Streets.)

THIRD DAY—THURSDAY, APRIL 21,—MORNING SESSION.

1. Call to order at 9 a. m.

2. Unfinished Business.

3. The Importance of Early Diagnosis and Treatment of the Middle Ear, Charles A. Thigpen, M. D., Montgomery.

4. Intractable Cases of Dyspepsia, Indicative of Chronic Lesions

of the Stomach, Curable by Operation, W. H. Haggard, M. D., Nashville, Tenn.

5. Hyoscine, McLean Pitts, M. D., Selma.

6. Mental Abnormalities, James T. Searcy, M. D., Tuscaloosa.

7. Some Phases of Crime as Viewed from a Medical Standpoint, S. G. C. Pinckney, M. D., Atlanta, Ga.

8. Intestinal Obstruction Due to Meckel's Diverticulum, J. Norment Baker, M. D., Montgomery.

VOLUNTEER PAPERS.

1. Typho-Malarial Fever, W. F. Betts, M. D., Evergreen.

2. Amoebic Dysentery, Charles W. Franklin, M. D., Union Springs.

3. The Mechanical and the Operative Lines of Orthopedic Treatment, A. F. Toole, M. D., Birmingham.

4. Valvular Disease of the Heart, L. W. Johnston, M. D., Tuskegee.

5. Differentiation Between Glaucoma and Cataract, Louis Edelman, M. D., Mobile.

6. The Doctor's Business Side of Life Insurance, E. H. Sholl, M. D., Birmingham.

7. Miscellaneous Business.

Adjournment, 1 p. m.

AFTERNOON SESSION.

1. Call to order at 3 p. m.

Continuation of Volunteer Papers.

2. Pelvic Cellulitis, Isaac LaF. Watkins, M. D., Montgomery.

3. The Enforcement of the Public Health Laws of the State, E. P. Nicholson, M. D., Valley Head.

4. Gas and Ether in the Production of General Anaesthesia, Samuel A. Billing, M. D., Montgomery.

5. The Sphere of the General Practitioner in Solving Important Medical Questions, William H. Sanders, M. D., Mobile.

6. The Surgical Treatment of Myomata of the Uterus, Wm. H. Hudson, M. D., Montgomery.

7. Some Disorders of the Digestive Tract, George H. Fonde, M. D., Mobile.

8. Diseases of the Rectum Which Can Be Treated in the Office. M. S. Davie, Jr., M. D., Dothan.

9. The Clinical Course of Some Cases of Hook Worm Disease, J. M. Mason, M. D., Birmingham.

10. Prostatectomy, Indications and Tecnic, Wm. Richard Jackson, M. D., Mobile.

11. The Treatment of Chronic Leg Ulcers, Walter Stratton Britt, M. D., Eufaula.

12. Strychnia as an Evacuant, George E. Petty, M. D., Memphis.

13. When Shall we Irrigate the Peritoneal Cavity?, Clement Ritter, M. D., Selma.

14. Acute Milk Infection, Bernard Phillips, M. D., Dothan.

Adjournment.

EVENING SESSION.

Annual Banquet, at 9 o'clock in the German Relief Hall, corner Conti and St. Emanuel Streets.

FOURTH DAY—APRIL 22—MORNING SESSION.

1. Call to order at 9 a. m.
2. Unfinished and Miscellaneous Business.
3. Report of Board of Censors.
4. Revision of the Four Rolls.
(a) Revision of the Roll of County Societies.
(b) Revision of the Roll of Counsellors.
(c) Revision of the Roll of Correspondents.
(d) Revision of the Roll of Officers.
5. Election and installation of officers.
6. Unfinished and Miscellaneous Business.
7. Adjournment, sine die.

Twelve Nurses Graduated at St. Vincent's Hospital Training School.

The second class of nurses to graduate from St. Vincent's Hospital Training School in this city consisted of twelve bright, well-trained young women, all of whom have served three years in that excellent hospital where they were trained in every department of hospital work, and where they have had careful instruction under Sister Vincent, who has special charge of the training school and the surgical building. The class presented a beautiful picture in their pretty new uniforms, and a large gathering of their friends evidenced the popularity of the nurses. The names of those graduating are as follows: Mary Hulda Forsman, Johanna Cecilia Sullivan, Katherine Elizabeth Taylor, Mary Benedicta Walker, Lucy Regina Jacks, Johanna Magdalena Bartens, Annie Watkins Wade, Alice Maniza Newton. Catherine Margaret Collins, Margeret Regina Raney, Catherine Agnes Moultis, Mary Clifford Roberts.

The exercises were held Thursday evening, the 7th inst., in the

amphitheatre of the surgical building and consisted of vocal and instrumental musical selections and excellent addresses by prominent business and professional men.

Dr. W. H. Wilder was the master of ceremonies, and he was assisted by the following ushers: C. A. Fox, M D., E. S. Casey, M. D., and B. D. Luck, M. D.

The addresses which were made during the exercises paid tribute to Sister Chrysostum, who is in charge of the big institution; Rev. Father O'Reilly, who had more to do with establishing the hospital than any person in the State, the good Sisters who are assisting Sister Chrysostum, and the able nurses who do hard work in behalf of the suffering besides the institution itself.

The graduating class occupied the first rows of the elevated seats of the amphitheater. They were tidy and handsome in appearance and a glow of happiness was on their countenances. Immense bundles of American Beauty Roses stood in vases around the floor. The Rt. Rev. Bishop E. P. Allen, of Mobile, occupied a seat in prominent view of the audience, while his honor, Mayor Drennen, Dr. Riggs, President of the Medical staff of the hospital, Rev. Father O'Reilly, Rev. Father Healy and others were in good view of the many friends who were interested.

These gentlemen made addresses full of good sense, wit and humor which were enjoyed by all present. We quote the following extract from the bishop's address which will be interesting to all our doctors:

"In the economy of creation a human life is a sacred thing, which no man has any right to take away or injure on his own responsibility. Even the child unborn, the being just conceived, has the same right to live and to be protected in its existence from any and every assault as you or I. To assist in preserving and prolonging that life, whether to the adult or the child unborn, is the mission of the trained nurse."

The diplomas were awarded by Dr. Riggs and the medals by Bishop Allen, after which Miss Katherine Elizabeth Taylor delivered a short but very effective valedictory address. All present were then invited into the sun parlors and partook of refreshments prepared by the Ladies' Auxiliary of St. Vincent's Hospital.

Death of Dr. R. C. Sexton.

Dr. R. C. Sexton died Saturday, April 3rd, of pneumonia. Dr. Sexton was held in high esteem by the medical profession and the good citizens of this city. He was a high class gentleman, devoted to his profession and faithful and successful in his work.

Miscellaneous Notes.

THE BRIMINGHAM MEDICAL COLLEGE.

The Tenth Annual Commencement Exercises of the Birmingham Medical College was held at the Jefferson Theatre on the evening of April 2nd. Captain Richmond P. Hobson delivered the address of the evening. The Opera House was filled to overflowing.

This has been one of the most successful years in the history of the school. The efficiency and faithfulness of the teachers, the abundance of clinical material, the splendid laboratories and the hospital advantages makes the school one of the very best in the South.

THE MOBILE MEDICAL COLLEGE.

(Medical Department of the University of Alabama.)

The closing exercises of the Thirty-eighth Annual Session of this College took place on March 31, having thirty-five graduates in medicine and seven in pharmacy. This has been one of the most prosperous sessions of this splendid school in its history. The enlargement of the laboratories and equipments for pathologic chemical studies are in line with the other improvements. The Mobile Medical College has one of the best corps of teachers in the South, and maintains a high standard.

THE TYRANNY OF WORDS IN MEDICINE.

In his recent volume of lectures on diseases of the nervous system, in the course of his description of a case that he found labeled on the bed card of his clinic "simple neurasthenia," though on the gums of the patient he found a conspicous lead line, Sir William Gowers has something to say of the word neurasthenia and of other words that may cover symptom-complexes, for which it would be much better if the physician should find more definite terms. He says:

The concise and concrete character of the word neurasthenia gives it a satisfying definiteness. This depends to a large extent on its classical and some what graceful sound. Not only is it graceful to the ear, but it is grateful to the mind of the patient who suffers and longs to know from what, who longs to have a name for that which he, or more often she, feels must be a more definite malady than is suggested by the common-place designation of nervous

weakness. But its use has extended far beyond the needs of the patient and indeed did so from the first. It has firmly established itself in current clinical terminology. Men are apt to rest on it as they would not on its English equivalent. If they do not actually think that they have found the malady from which the patient is suffering an influence is often exerted on them (of which they are unconscious) which lessens the tendency to go further in the search for the whole morbid state. The Royal College of Physicians of London could not include it in their nomenclature of disease. And yet it is now one of the most common of medical words in every language.

Sir William insists that words are our servants, but that they often exert a very masterly influence on us, none the less effective because we are not conscious of it. This is only, of course, a familiar exercise of what philologists have long known as the tyranny of words With regard to neurasthenia, anyone of reasonably wide experience in hospital dispensaries in large cities must know how many sins of diagnosis the word serves to cloak. Everything from mild heart disease and beginning tuberculosis, with their well-known tendencies to produce tired feelings, up to and including the severer forms of heart and kidney disease, and even such serious conditions as Addison's disease or diabetes or organic nervous disease come labeled with that wonderful word neurasthenia—more grateful far than Mesopotamia. It has quite displaced the word malaria, which used to cover so many of these conditions fifteen or twenty years ago, but which fortunately now has sunk into more or less innocuous desuetude, though malaria's replacement by another equally vague term does not argue much for general advancement in medical diagnosis.

Neurasthenia, however, is only one of a group of words that serve to express very indefinite diagnostic ideas, yet give a certain amount of satisfaction to patients, and apparently also to physicians. Biliousness is another one of these words. Any physician who analyzes the next ten cases he sees in which patients say that they are bilious will find, we venture to say, at least six different conditions included under this term. Whenever a patient has acid or bitter eructations, the word bilious is prone to be used in describing the affection, and even the physicians do not generally realize that the bitter tasting material which is sometimes regurgitated, is not bile but pepton—an intermediate stage of stomach digestion.

It has been pointed out that the three words most popularly used for the description of common affections—rheumatism, catarrh and gout—signify according to their etymologic meaning exactly the same thing. Catarrh means an increase of secretion from its roots,

the Greek verb "to flow." Rheumatism has the same derivation; gout is probably from the Latin word "gutta," a drop, and also represents an increase of liquid in a part. We are sometimes prone to be humorous at the expense of a former generation of physicians who spoke of many affections as "rheums," and even classed all of the eczematous conditions, and it may be said most other skin diseases, under the term "salt rheum." There is no doubt, however, that our generation is leaving many openings in just the same way for the physicians of the future to exercise their wit. If the use of these lax general terms could be eliminated, there would be much less room for the wonderful curealls that now are so glibly advertising, so that there are good reasons for special efforts to get away from the tyrant words.—Ed J. A. M. A.

THE TREATMENT OF LOBAR PNEUMONIA.

A seasonable and instructive article is that in the Association Journal by W. Gilmam Thomas, of Cornell, on the treatment of pneumonia. The calm and conservative views of Dr. Thompson will certainly have the approbation of physicians who are in sympathy neither with the Chicagoesque belief that drugs are of no avail in this disease, nor with the opposite extreme that there are specific remedies.

As to the latter contention, Dr. Thompson points out that in cases of mild type, it is very easy to secure a large series of recoveries under any sort of medication. In this manner has arisen a belief in the specificity of creosote, guaiacol carbonate, salicylate of soda and other drugs. Since the comparatively recent dissemination of grippe throughout the country, numerous cases of pneumonitis have been observed which pursued an atypical course, are easily "aborted" and have given the "specifics" their reputation. These, the writer does not regard as cases of genuine croupous pneumonia.

At the outset, Dr. Thompson assumes that the chief object of treatment is the maintenance of cardiac efficiency and a proper balance between the heart and blood vessels. In sthenic cases aconite may prove of use for the first 24 or 36 hours, but not longer. Venesection he does not indorse. Stychnia, digitalis, strophanthus, caffein, alcohol, nitroglycerin, ether, etc., are of value in appropriate cases, but overstimulation is to be avoided.

The cold wet pack is recommended when the temperature rises above 105 degrees, and above 103 cold alcohol sponge baths may be

given. Too frequent bathing may deprive the patient of needed rest.

Dr. Thompson uses alcohol less abundantly than formerly, but still prescribes it for the aged and for patients with feeble dicrotic pulse, a dry tongue and profound asthenia. In general, expectorants are contraindicated. If there is profuse bronchorrhea, atropin sulphate may be given in small doses. The writer dwells upon the importance of treating gastrointestinal disorders and preventing tympanites. Calomel should be given at the outset, and salines and antiferments throughout as needed. Trional best controls delirium. Oxygen has perhaps been overestimated in value, but it is often of distinct service. Hypodermoclysis in comatose, asthenic, cyanotic cases is valuable. Local applications of every sort, poultices, heat or cold, the writer believes are all without effect.

In conclusion, Dr. Thompson emphasizes the value of rest. In pneumonia the temptation is strong to do too much rather than too little. In every case the administration of medicines, food, stimulants and all remedial measures should be so timed that several intervals of two or three hours daily will be given to the patient for absolute rest. "They also serve who only stand and wait.—Medical Review.

THE COCA PLANT.

Coca is the leaf of an Erythroxylon shrub indigenous to equatorial America, employed during many hundreds of years, empirically, as a sustainer and restorer of muscular force.

There are several varieties of Coca, among which the aromatic or "sweet" leaf contains little if any cocaine, and is the only kind used by the natives. This is the Classic Coca to which phenomenal properties are ascribed. The "bitter" leaf which they reject, is exclusively employed for cocaine extraction. Ever since the popular introduction of cocaine, the natives will not use that alkaloid which creates excitement without sustaining muscular power. Thus it is shown, even empirically, that the properties of True Coca cannot be substituted by cocaine. A fact which all observers agree, but which is not yet generally recognized.

Mariana, of Paris, was the first to introduce Coca in available form; he recognized nearly half a century ago the great difference in Coca leaves, and by a special blending of the sweet leaves, carefully treated in nutritious French wine, produced his unequaled neuro-muscular stimulant, which, as a trustworthy preparation, has won high standing in the profession abroad and in this country by all practitioners who have subjected it to test.

THE FLY BLISTER AND HOW TO APPLY IT.

The following suggestions concerning the employment of the fly blister, an agent too often overlooked in these days of hyper-elegant pharmacy, are contained in an editorial in the Medical World:

"The fly blister is of value for four purposes: to affect inflammation or congestion; to cause absorption or removal of inflammatory deposits after inflammation has ceased; to relieve pain; for the effect which can be exerted upon the general system by blister in systemic disease.

"When used to affect inflammation, the blister should not be applied over the site of inflammation, but should be placed a little to one side or at some other point known to be intimately connected by nerve fibres with the seat of inflammation; thus, in inflammation about the eye, the blister is applied back of the ear; and in pleurisy or abdominal neuralgia the chosen site of application is over the vertebra where the nerve at fault makes exit. Remember that all nerve pain is referred to the peripheral end, and not to the point of origin. In beginning hip-disease, it would be useless to apply a blister to the knee or ankle complained of, but great effect is often secured by applying it over the proper place in the affected hip. A fly blister should never be placed directly over the site of an acute inflammation; when it is to be used in such cases, apply it in a circle around the inflamed area, at a little distance. The fly blister does good service in inflammation of the brain, eye pleura, peritoneum, lung, joint (rheumatic or traumatic), glands, urethra (gleet), etc. The old view that, fever was a contraindication to blistering, has faded away. One exception should be made in the rule of locating the blister; in peritonitis apply it directly over the seat of pain. In gleet, the cantharidal collodion may be substituted for the blister, and used by painting al ng the under side of the penis and on the perineum.

"To remove the results of inflammation, such as pleurisy with effusion, the fly blister is extremely valuable; in such cases apply it under the arm about two or three inches below the axilla. In old effusions about joints, the blister often succeeds where other means have failed.

"The indications for the relief of pain will be plain to all. It is only in chronic pain that the bllster is proper, anl such rubefacients as mustard plasters generally do fully as well and do not leave such an amount of tenderness.

"To get systemic effect one must study each individual case before applying the blister. In meningitis, apply in 'T' shape to the back of the neck; in intercostal neuralgia and zoster, to one side of the spinal column; in renal irritation, between the kidneys over the spine, etc.

"As the blister begins to form, remove the fly blister and apply a warm poultice; this relieves the pain and hastens the process. If the blisters are small, they may be allowed to rupture spontaneously, but if large they should be punctured at the most dependent part and dressed with sweet oil or simple ointment carbolized in the proportion of 1-100."—Medical Standard.

CHOLELITHIASIS.

J. M. G. Carter, in the American Therapist for December, 1903, believes that the prophylactic treatment is very important in catarrhal inflammatory affections of the gall-bladder, in fact, that is where the physician's work is most valuable. Some of these cases seem to yield to medical treatment, but perhaps the majority will entirely recover only after operation. It is not always possible for the physician to tell just how his treatment produces a cure. Believing that indigestion, or at least impaired or retarded digestion, has something to do with many of these cases, he directs his treatment towards correcting such trouble, and often prescribes pepsin and aromatic sulphuric acid combined with some laxative. One case recovered after a several months' course of blue-mass once or twice a week. It is well in many cases to combine some vegetable laxative with the mercury. The murcury once a week, and phosphate of soda three to six times a week, do well in other cases. He has used in this class of cases, for several years with beneficial results, a combination of blue-mass, podophyllin, aloin, belladonna and ipecac. Some cases do better on calomel or blue-mass once a week, and small doses of epsom salts three to six times a week. Many cases recover by using two or three ounces of salad or olive oil three to six times a week. In cases in which mercury can not be borne in any form, and epsom salts is objectionable, phosphate of soda and olive oil (taken alternately, each three times a week) may be given. A reduction of meat and fats in the diet is usually beneficial. Especial attention should be given to prevent any degree of constipation. Exercise, moderate diet, avoidance of constipation, and regular habits of life are essential.

A METHOD OF DISPENSING WITH RUBBER GLOVES AND THE ADHESIVE RUBBER DAM.

J. B. Murphy advises the use of an impermeable coating, preventing the escape of skin secretions and preventing the entrance into the pores and cervices of the skin; a coating which will not impair delicacy of touch or the pliability of the skin. The preferable preparation is one from 4 to 8 percent of gutta percha in benzine or acetone. He has found from a four months' experience that the 4 per cent. benzine solution is the most serviceable for the hands, as it wears better on the tips of the fingers under handling instruments, sponges and tissues than the acetone solution. For the abdomen the acetone solution has the advantage, as it dries in from three to four seconds after its application, while the benzine solution takes from two to three and a half minutes to dry to a firm coating. The acetone coating when dry is only slightly adhesive while the benzine coating is sticky. The method of application to the hands and forearms is that of simple washing, as with alcohol, care being taken to fill in and around and beneath the nails. The hands must then be kept exposed to the air with the fingers separated until thoroughly dry. They may then be washed in alcohol, bichloride, or any of the antiseptic solutions without interfering with the coating or affecting the skin. It wears off on the tips of the fingers if the operations be many or prolonged, when another application may be made between operations; on the remaining portions of the hands one application is sufficient for a whole morning's work. Washing in benzine after the surgeon has finished his work leaves the skin soft and smooth.—N. M. Record.

TREATMENT OF CANCER BY CAUSTIC PASTES.

Dr. Charles W. Allen believes that in caustic pastes we have a valuable method for treating superficial cancers. He prepares his arsenical paste with orthoform, the analgesic quantities of which exert their influence pari passu with the painful effects of the arsenic on the tissues and the nerves. His conclusions are:

1. Cutaneous cancer is traceable in almost all cases to preceding local irritation.
2. There may be other causes, but infection is probably a source of the disease.
3. Benign epitheliomatous proliferation may be infectious.
4. Cancer is curable, but if the disease is allowed to progress the patient may not be.
5. Only the most radical treatment is to be tolerated.

6. Caustic paste, with subsequent caustic dressing, is radical, and is often perferable to the knife.

7. The earlier cancer is treated the less likelihood is there of relapses or metastases.

8. The X-ray bids fair to be as effective as caustics.

The fact that caustic pastes are abused by many charlatans in improper cases should not prevent the conscientious physician from trying the method in proper cases.—Med. Record.

A COMPARATIVE STUDY OF ATROPIN AND HYOSCYAMIN.

The similarity between the effects of belladonna and hyoscyamins especially of the two dominant alkaloids, atropin and hyoscyamin, makes an exact study of these substances of much importance. In most of the investigations which have been made with hyoscyamin the substance used has not been one of known chemical purity, and it is very probable that some of the effects attributed to hyoscyamin are the result of the contamination with hyoscin. For this reason Cushney has investigated (Journal of Physiology, 1903, Vol. 30 page 176) the comparative effects of atropin and hyoscyamin of known purity.

His results show that the two alkaloids, except for quantative differences, are pre-parallel in their physiological action. Of the two atropin seems to exercise a more powerful action on the spinal cord. while hyoscyamin was twice as active in its effect upon the salivary glands, the pupil and the pulse rate.—The Therapeutic Review.

THE EFFECT OF ARSENIC ON THE BLOOD-MAKING ORGANS.

Stockman and Charteris (Journal of Path. u. Bateriol., 1903, Vol. VIII., page 443) believe that arsenic has no direct action in increasing the production of red corpuscles, its value in malarial and pernicious anemias depending upon its destructive action on the parasites. They base this conclusion upon examination of the bone marrow of fatal cases in the recent epidemic of arsenic poison in England, as well as studies made upon dogs. These latter show that after small repeated doses of arsenic there is an increase in the formation of the white cells of the bone marrow without any change in the formation of the red cells. After large doses of the poison there occurs a hyaline degeneration of the bone marrow with a corresponding decrease in the number of erythrocytes.—The Therapeutic Review.

Abstracts.

DONT'S IN MODERN GYNECOLOGY.

By Lucien Lofton, A. B., Ph. G., M. D., Belfield-Emporia, Va., Ex-President Seaboard Medical Association of Virginia and North Carolina.

Don't examine any woman in the absence of a third party.

Don't tell a patient with merely an eroded os that an operation will be necessary. Treat the condition always first.

Don't intimidate any female candidate; a placebo is more honorable and just as scientific.

Don't make a digital or macroscopic examination too lengthy.

Don't appear embarrassed when approaching the genitalia. You are master and friend.

Don't attempt to mix private matters with the sacred science of gynecology. The two are incompatible.

Don't lacerate a virgin's hymen. Remember her very life is in our keeping.

Don't be too free in manipulating the female parts. There is no freedom here for an alien.

Don't incorporate unclean hands, instruments or thoughts in your work when you approach the vaginal route.

Don't mistake a spasm of the sphincter vaginae for an unholy passport. Almost all neurotics are easily excited sexually.

Don't titilate a clitoris whatever you do. It is worse than madness.

Don't even criticise a woman who is unclean. Remember ignorance plays no uncertain role in the life of every one, hygienically speaking.

Don't ever display anger while making an exploration. Gentleness, politeness and kindness are the cheapest and most effectual weapons one may possess in all vocations.

Don't depend upon a female patient to carry out your initial instructions, but show her yourself. Results come then.

Don't massage the region of the pubis. This may be one of the grandest sciences of medicine, but for your part let this particular

location remain in the blissful state of lethargy in which you find it.

Don't expect every case of laceration to be a life-time patient. Be an execption to our esteemed "Brothers of the Atomizer and Spray."

Don't make a hurried digital examination because you may have to make many. One well done, relieves constant and unwarranted dread upon the patient's part.

Don't use vaginal tampons in your office practice; if you do, your would-be patients will sometimes forget where your office is located.

Don't criticise a lacerated perineum. No woman likes to be reminded that her much-beloved accoucher did her wrong, when she wasn't looking.

Don't dilate an os for suppréstion menstruation. There should be a conscience that is impregnable as it is scientific.

Don't prescribe an emenagogue unwisely. French practice may be popular but it is not scientific.

Don't use a female speculum upon a virgin if you can use anything else just as good.

Don't call a bystander to witness any procedure upon a female client. She pays you for silence as much as for science.

Don't make reference about one patient to another. The anxiety and curiosity which predominates in this class of practice is akin to a mania.

Don't fail to speedily recognize a nymphomaniac. She is a dangerous product even when devoid of speech.

Don't use ill-fitting pessaries. They generate more unwholesome uneasiness and unnecessary alarm than does a phantom tumor.

Don't measure your success in the art of gynecology by the silence which pervades the rank and file of your clientele.

Don't remove an ovary if you can remove the pain. A sexless woman is a slabstone upon the waning popularity of the excessive debauchery of abused woman.

Don't pronounce every abdominal pain of ovarian origin. Women are surely susceptible to appendicitis and mostly every other ache to which the stern sex is liable.

Don't call upon the surgical world to note your matchless method of doing a hysterectomy, but rather call upon all the science and skill that within you lies to save every poor sufferer the humiliation of such a formidable undertaking.

Don't forget that narcosis has removed many enormous cystic(?) tumors in its time.

Don't treat the female genitalia altogether, for not unlike other diseases they may be dependent on obscure causes, the removal of which will not only redound to your credit and to the patient's welfare, but to the science you have the honor to represent.

Don't attempt the specialty of gynecology without cause, a wagon load of "horse sense" and years of experience. There are men in the business who have been in harness for several decades, who are still staying very near the bank, and who will not approach deep water, save under high pressure.

Don't ask one gynecologic patient anything in the presence of another. Your office should be for consultation exclusively.

Don't thrust upon a neurotic the appalling news that her condition is always due to an abnormal position of her womb.

Don't tell a candidate that she has "falling of the womb." Thousands go around every day expecting this shamelessly censured organ to fall between their knees any moment.

Don't delude a woman into believing her uterus is pinned to her spinal column or that it is twisted upon its axis or that it is bent upon itself, so that only the recumbent position will cure her. Tell her little. Do for her much and your name will receive a divine blessing at her hands.

Don't stuff a vagina too tightly with your gauzes, your wool or your cotton. There is nothing more disagreeable than an unnatural foreign body hereabouts.

Don't forget that simple advice sometimes is the most gracious medicine to your abiding female friends.

Don't neglect to always give tight lacing a black eye! likewise that infernal machine: "You pay a dollar down and one dollar a week."

Don't be tardy in reminding mothers when they have daughters approaching puberty, that their rosebuds must normally blossom, and that early cultivation results in a pure and natural growth.

Don't make the mistake of not assuring your lady patients that cold water baths, corsets, and improper physical exercises are things to be tabooed while menstruation is in sight.

Don't procrastinate the treatment of your gynecologic patients, for time heals few diseases if any at all; at the same time regularity is one of the main pillars for the successful outcome of an undertaking.

Don't treat all female comers for some disorder pertaining to your branch, remembering that they might occasionally be afflicted with something else the other fellow can do.

Don't be narrow in your conclusions. It requires two halves to make a whole; and often more.

Don't deny any woman the right to suffer if she so disposes. If one makes her bed a hard one, she alone must lie upon it.

Don't express too much sympathy for your gynecologic applicants should you desire to be successful. It is medicine to some but ruinous to the majority. Kindness is a different proposition altogether.

Don't inform the married patients she has specific urethritis. Ninety nine times out of a hundred the husband will advise his wife to go to some other physician, and that you are a genuine humbug.

Don't liquidate your claims upon a good paying patient by loving her. You work yourself out of a job.

Don't deny the husband marital rites only when absolutely necessary. Always take into consideration a married couple is like a pair of scissors; come between them and you suffer.

Don't ever suspect the wife of contaminating the husband with gonorrhea until after you have thoroly overhauled the gentleman in question, for all husbands are not innocent, even if they were born so.

Don't pronounce every vaginal discharge of your patients leuchorrhea, for variety is the spice of married life, even with many "amen" "hubbies."

Don't use diluted phenol in your vaginal practice. Many corroded cervices originate in this way. Use the simon-pure article for cauterization only.

Don't neglect to make a scientific exploration when you visit a foreign vaginal canal, in fact a professional man cannot be too skilled in looking after his female patronage.

Don't degrade the holy calling of modern medicine, even tho you become the "prince of Lotharios;" it is better to be moral than notorious.

Don't exact from a trusting wife patient something you wouldn't tolerate in the husband.

Don't try to arbitrate the domesticity of one's household, for a woman's doctor is her friend, in most every avenue of her career.

Don't participate in social conversation while you are responding to the needs of a case. Sociability should be set aside for the drawing room and then to one other than a patient.

Don't know more than a few female patients well otherwise than in a professional capacity; for truly familiarity breeds genuine contempt gynecologically.

Don't estimate your surgical skill by the number of ovarotomies you have done, but rather by ones you haven't done.

Don't breathe the name of a sexless woman. Eunuchs are no less despised than this class of unfortunate martyrs.

Don't fail to learn early in your career that your tongue is the keenest instrument you may possess and like a scalpel, should be used only when absolutely necessary.

Don't lead a life of celibacy should you desire to excel as a gynecologist. "Man's love: 'tis a thing apart, 'tis woman's whole existence."

Don't master the anatomy of the female pelvis and its immediate contents to the detriment of its contiguous surroundings, as many obscure female complaints emanate anterior, posterior, and exterior, to the human basin.

Don't meditate over the remains of a "hyphenated" uterus. Do your duty, as "honor and shame from no condition rise, act well your part, there's where all the honor lies."

Don't abruptly terminate your acquaintance with an aggravated case, as successes come slowly, and impediments should always stimulate you.

Don't think you will cure every female who places her case in your hands. Should this be true, nothing would be left for you to whet your ambition on.

Don't testify before any tribunal against a gynecologic patient, where her virtue is involved. A cell for contempt of court in this instance is far better than having the contempt of all the petticoats.

Don't scar or demar the arch under which a world has passt, nor multiply vexations that cometh therefrom.

Don't explore too deeply the sin of abused genitalia. Science demand only facts.

Do not eradicate (not even lacerate) the hymen without a just medical cause, as many lay folk think purity's shrine is herein erected.

Don't ever forget that modesty, like honesty and virtue, have their rewards; even cold science allows this.

Don't overtax the vagina tube with treatment. Too much medication often turns the tide of your justly earned popularity and says nothing of your skill in the exchange.

Don't cure your female patients too quickly. No woman as a rule is willing to submit to treatment unless she has been convinced that her's is a complicated case.

Don't apply your skill in a like manner to all comers. Variety gets you out of the blessed ruts in which the poor doctor is too prone to run anyway.

Don't content yourself with being masterful and invincible. Too much confidence in his skill and ability brought the great Napoleon to his Waterloo.

Don't make external display of your surgical tools in the presence of prospective patients and others, for some believe a hemostatic forcep is as dangerous a weapon as a Catlin knife

Don't talk anything but business in your office, as gynecology is one of the most sacred specialties the doctor may adopt.

Don't forget finally that the poorest and humblest may be as modest and as chaste as the highest and richest.—American Journal of Surgery and Gynecology.

CHRONIC NASAL CATARRH—A SIMPLE AND EFFECTIVE TREATMENT.

By G. A. Gilbert, M. D.,

DANBURY, CONN.

We feel inclined to report this case here not only because of the marked and speedy results obtained from the simple plan of treatment adopted after the usual measure had been tried and proven ineffective, but because of the frequency with which the particular group of symptoms complained of by this patient confronts the general practitioner in his everyday work.

Lena D., a young miss of 18, had been a sufferer from chronic rhinitis or pharyngo-nasal catarrh for more than ten years, being subject to periodical attacks of coryza and tonsillitis, especially during the spring, fall and winter months. The mucous membrane of throat and nose became habitually flabby, congested and swollen.

At the age of 12, the characteristic thick, indistinct speech and stertorous breathing of the catarrhal subject became manifest, while at the same time, the plugging of the pharyngeal opening of the eustachian tube by the thickened mucous secretions gave rise to slight deafness.

The treatment throughout had consisted of insufflations of the usual antiseptic powders, ante and post-nasal douches with the modern germicidal solutions, while various astringent or disinfectant gargles and sprays were used for the tonsillitis, but these

gave only temporary relief. It was apparent that only the membranous surface was thus freed of its obnoxious discharge and not the deeper sub-mucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges and it became self-evident that some more active method of treatment must be adopted.

In dental surgery it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, leptothris buccalis, etc. This fact is explained on the chemical ground that the alkaline base combines readily with these various weak acids with which it becomes in contact, thus breaking up the solution and liberating the oxygen or oxilizing agent upon which its disinfectant properties depend. In a word, such an alkaline agent dissolves the mucous secretions, and weak acids which form in the mouth.

Were the foregoing all that is required of an antiseptic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply wthin the walls of the gland sacs should also be removed. Recognizing the force of the suggestion recently made by scientific investigation, i. e., that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacs where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Feeling convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind, Glyco-Thymoline, being selected, was applied thoroughly once every day by myself and three or four times daily by the patient. A 25 per cent. watery solution (warm) of Glyco-Thymoline was made by me and applied in a fine spray to the post-nasal chamber by means of a hand atomizer. The nozzle was turned up at the end so that when introduced well back into the pharynx the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength), with the K. & O. Douche. At the same time an ounce of a 50 per cent. solution of Glyco-Thymoline was gargled and used as a mouth wash three times daily for the purpose of hardening the flabby, congested tonsils.

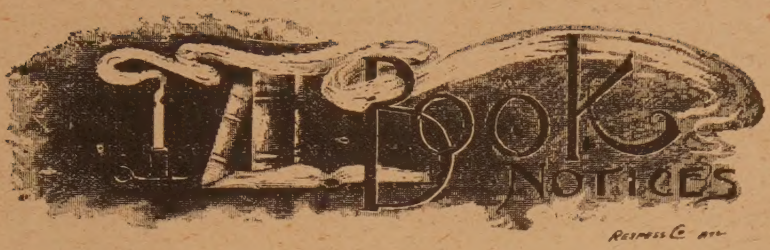
The outcome of this simple plan of treatment soon made plain the fact that a germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels, after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient who for the first time in several years experienced the sensation of possessing a clean, sweet mouth.

The hypertrophied membrane itself grew almost normal in appearance, distinctness of speech and hearing was gradually restored, the breathing became natural, and at the end of three months we had accomplished a speedy and perfect cure.

THE COUGH-SEQUELA OF LA GRIPPE.

Dr. John McCarty of Briggs, Texas, (Louisville Medical College) in giving his personal experience with this condition, writes as follows: "Ten years ago I had la grippe severely and every winter since my cough has been almost intolerable. During January, 1902, I received a sample of Antikamnia and Heroin Tablets and began taking them for my cough, which had distressed me all winter and as they gave me prompt relief, I ordered an ounce box, which I have since taken with continued good results. Last fall I again ordered a supply of Antikamnia and Heroin Tablets and I have taken them regularly all winter and have coughed but very little. I take one tablet every three or four hours, and they not only stop the cough, but make expectoration easy and satisfactory.

Jacobsohn (Medicin-skoe Obozryenic, No. 12, 1903) from an observation of fourteen cases, concludes that by means of cytodiagnosis we have a valuable aid in differentiating the different exudates. The author corroborates the views of Ravault and Widal, that a serous or sero-fibrinous exudate containing a predominance of lymphocytes, whether pleuritic or ascitic, is of a tuberculous nature. Inoculation of guinea-pigs with this character of exudate always resulted in a tuberculosis of the animal. In the exudate of two cases of empyema of the thorax the neutrophile polymorph leucocytes were the predominating features. In one case of cirrhosis of the liver, the exudate merely contained polynuclear leucocytes and endothelial cells. The necropsy in this case showed no evidences of a tubercular involvement.



OBSTETRICS FOR NURSES.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago; Lecturer in the Nurses' Training Schools of Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals. 12 mo of 460 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $2.50 net.

Although this work was written, as the author states, primarily for nurses, yet from our interetsing examination of it we firmly believe that medical students will find in it much of value, since the duties of a nurse often devolve upon him in early years of his obstetric practice. There are really two subjects considered—obstetrics for nurses and the actual obstetric nursing—and Dr. De Lee has combined them so that the relations of one to the other are natural and mutually helpful, presenting this important branch of medicine in a clear and interesting form. The illustrations have not been borrowed from other works, as is too frequently the case, but have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing to the nurses of five different training schools.

ATLAS AND EPITOME OF OPERATIVE GYNECOLOGY. By Dr. O. Schaffer, of Heidelberg. Edited, with additions, by J. Clarence Webster, M. D. (Edin.), F. R. C. P. E., Professor of Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. With 42 lithographic plates in colors, many text cuts, a number in colors, and 138 pages of text. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $3.00 net.

This new addition to Saunders' admirable series of Hand-Atlases is excellent. It is unfortunate that medical students graduating each year know less about gynecology operations than about almost any other department of operative surgery. This atlas, therefore, is opportune, and the excellence of the lithographic plates and the many other illustrations render it of the greatest value in obtaining a sound and practical knowledge of operative gynecology. Indeed, the artist, the author, and the lithographer have evidently expended much patient endeavor in the preparation of the water-colors and drawings. They are based on hundreds of photographs taken from nature and reproduce faithfully and instructively the various situations which they intend to illustrate. The text closely follows the illustrations, and we have found it fully as accurate. We consider it of great value to the up-to-date practitioner and surgeon, as well to the specialist.

The commencement exercises of the Atlanta College of Physicians and Surgeons were held at the Grand Opera House March 29. Thirty-two young men received the degree of M. D.

Dr. H. B. Cooper has been elected to the chair of obsterics and gynecology in the Atlanta College of Physicians and Surgeons made vacant by the death of Dr. V. O. Hardon.

One result of the war between Japan and Russia is that the world's supply of camphor has been cut off, and will probably remain so for an indefinite period.

A person's bill of fare and library will show what he, or she likes, loves and lives upon, and is.

Many men owe the grandeur of their lives to their trmenduous difficulties.